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Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 23535 03/06/2007 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. MEDLEN & CARROLL, LLP 101 HOWARD STREET **SUITE 350** SAN FRANCISCO, CA 94105 IGH1 (Depositor's name 06/08/2007 HDEMESS2 00000103 10620914 (Signature 700.00 OP 300.00 OP 02 FC:1504 June 5,2007 (Date 00 NP APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/620.914 07/16/2003 Christoph Benning MSU-07769 8436 TITLE OF INVENTION: COMPOSITIONS AND METHODS FOR THE PRODUCTION OF BETAINE LIPIDS APPLN. TYPE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE **TOTAL FEE(S) DUE** DATE DUE YES \$700 \$300 nonprovisional \$0 \$1000 06/06/2007 **EXAMINER** ART UNIT **CLASS-SUBCLASS BAGGOT, BRENDAN O** 1638 435-006000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 MEDLEN + CARROL LLP (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) BOARD OF TRUSTEES OPERATING MICHIGAN STATE UNIVERSITY LAMSING, MICHIGAN 4a. The following fee(s) are submitted: 4b, Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Sissue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. 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